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U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

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FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11 30 2006

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This report is mandatory under P L 86-257 as amended Failure to comply may resu	ult in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440		
For Official USE Only STANDARD THE INSTRUCTIONS CAREFUL			
ABA B B B B B B B B B B B B B B B B B B	READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT		
E QLMSO			
1 File Number U 7059	2 Fiscal Year Covered From		
-// <i>A</i> P	1 / 1 / 2004 Through 12 / 31 / 2004		
3 Name and address of person filing	4 Name file number and address of labor organization		
Name Kerry A Zettlemoyer	Name Ironworkers Local 404		
	Labor Organization File Number		
PO Box Bidg Room No If any	P O Box Building and Room Number if any		
Street	Street 1; IL 1 Jek		
- Street 7 Boundary Road	Street 981 North Peiffers, Lane		
City Grantville	City Harrisburg		
State Pennsylvania 1 100 ZIP Code + 4 17028	State Pennsylvanía 10 1 2 P Code + 4 17109		
5 Position in labor organization Business Manager/FS T			
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)			
A Held an interest in engaged in transactions (including loans) with or	derived income or other economic benefit of		
monetary value from an employer whose employees your organizat 6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income		
Name			
Trade Name if any			
PO Box Bldg Room No If any			
a	7 b Amount		
Street			
City: 5	, , , , , , , , , , , , , , , , , , , ,		
State Zipt ZiP Code + 4	(1) 1 1 1 (1) (1) (1) (1) (1)		
1 Signature			
15 Signature and verification The undersigned declares under penalty of submitted in this report (including the information contained in any accompanion undersigned s knowledge and belief true correct and complete (See the second).	ying documents) has been examined by the signatory and is to the best of the		
Signed Mana of Authorized On	0. 8/9/2005		
Signed War w	On 8/9/2005 717,564 - 8550 Date Telephone Number		
	Talophone Names		

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Name of Person Filing Kerry Zettlemoyer	File Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any) Name Ironworkers Local 404 Annuity Fund Trade Name if any P O Box Bldg Room No if any P O Box 6480 Street City Harrisburg State Pennsylvania ZIP Code + 4 17112-0480	9 Business deals with a Labor Organization b Trust c Employer	-	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Trade Name if any P O Box Bldg Room No if any	Quarterly Trustee Meeting / Lunch		
Street	11 b Approximate dollar value of such dealing	\$48	
State ZIP Code + 4	12 a Nature of interest held or income received		
	12 b Amount		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment Box of steaks at Christmas		
Name Smith Barney City Group			
Trade Name If any			
P O Box Bidg Room No if any		T ; I	
Street 151 West Street			
City Annapolis			
State Maryland ZIP Code + 4 21401			
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment	\$50	

Name of Person Filing Kerry Zettlemoyer	File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any)	9 Business deals with	
Name D H Evans	a Labor Organization	
Trade Name if any	🔀 b Trust	
PO Box Bldg Room No If any PO Box 6480 Street	c Employer	
City Harrisburg		
State Pennsylvania ZIP Code + 4 17112 0480		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name Ironworkers Local #404 Annuity Fund	Annual Charity Lunch / Golf / Dinn	er
Trade Name if any		
PO Box 8ldg Room No if any PO Box 6480		
Street	11 b Approximate dollar value of such dealing	\$126
City Harrisburg	12 a Nature of interest held or income received	
State Pennsylvania ZIP Code + 4 17112 0480		
	12 b Amount	
	12 b Amount	
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment	
Name		
Trade Name If any		
P O Box Bldg Room No if any		
Street		
City		
State ZIP Code + 4		
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment	

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8 Name and address of Business (Including trade name if any) Name Ark Management Trade Name if any P O Box Bldg Room No if any Street 125 Broad Street City New York State New York ZIP Code +4 10036-2699	9 Business deals with a Labor Organization b Trust c Employer		
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing		
Name Ironworkers District Council Benefit Plan Trade Name if any PO Box Bldg Room No if any	2 Dinners		
Street 6401 Castor Ave	11 b Approximate dollar value of such dealing	\$300	
City Philadelphia State Pennsylvania ZiP Code + 4 19149	12 a Nature of interest held or income received		
	12 b Amount		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value 13 a Name and address of Employer or Labor Relations Consultant 14 a Nature of payment			
(including trade name if any)			
Name			
Trade Name If any			
P O Box Bldg Room No If any		, ; ;	
		[
State ZIP Code + 4			
	14 b Amount of payment		
13 b Is the Business an Employer or Consultant ?			

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Name of Person Filing Kerry Zettlemoyer	File Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any)	9 Business deals with		
Name Ironworkers District Council Benefit Plan	a Labor Organization		
Trade Name If any	b Trust		
P O Box Bldg Room No If any	c Employer		
Street 6401 Castor Ave			
City Philadelphia State Pennsylvania ZIP Code + 4 19149 2798			
State Pennsylvania ZIP Code + 4 19149 2798			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Name	Quarterly Trustee Meeting Educational Hotel Lunch Dinner and Travel Expenses		
Trade Name if any			
PO Box Bldg Room No If any			
Street	11 b Approximate dollar value of such dealing \$1 086		
City	12 a Nature of interest held or income received		
State ZIP Code + 4			
	12 b Amount		
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13 a Name and address of Employer or Labor Relations Consultant	14 a Nature of payment		
(including trade name if any)			
Name			
Trade Name if any			
PO Box Bidg Room No If any			
Street			
City			
State ZIP Code + 4			
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment		